THE UNITED ST	TATES, Dr.,		(Give place and date)  Account No		<del>-</del>	 اع	<b>?</b>	g A
THE UNITED ST	TATES, Dr.,	Payee's	(Give place and date)  Account No			2	To de	11
<i>To</i>								٤
							01-366	.o-
		(Pay	>			.	COPY /	OF:
			/ee)			-	75.40	<del></del>
N 12	(Addre	988)	(City)	(State)		. <u> </u>		
No. and Date of	Date of Delivery	(Enter description, item	ICLES OR SERVICES m number of contract	or Federal supply	QUANTITY	UNIT	PRICE	
Order	or Service	schedule, and oth Discount Terms	er information deem	ed necessary)	QUARTITI	Cost	Per	r
		Cost						
								1
PAYMENT:	,							
Complete								1
Partial								
			nuation sheet(s) if nece	Government B/L No.	. !	]	Total	-
Shipped from	to			l (Pa	yee must NO	T use this		
I certify that the al	pove bill is correct a	and just and that paymen	t has not been received		nces			
		(Sign original only)						
5 01	<b>5</b> 0							
Date 5-21.	-5 <u>9</u> *Pavee	d whon a like cer	tificate is made by payee on attac	had hill or hills)	unt vorified.			
Per		itla		[	ount verified; nature or init		l -	ı
Contract No.	acio		Reg. No.		Date		nvoice Rec'	d,
		certify that this account is	correct and proper for	r payment.				
† Approved for \$				†	(Authori	zed Certifyi	ing Officer)	
By			SIGN ORIGINAL	Title				
Dy		~~~~~	ONLY	11010				
Title				Date				·
	THE REVERSE OF THIS	FORM MUST BE EXECUTED WH	EN PURCHASES ARE MADE C	OR SERVICES SECURED WITI	OUT WRITTEN	AGREEMENT I	IN ANY FORM	
	ACCOVING	FING CLASSIFICATION	/A	-1			<del>24</del>	

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